

Case Number:	CM15-0183704		
Date Assigned:	09/24/2015	Date of Injury:	11/22/2013
Decision Date:	11/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old male, who sustained an industrial injury on 11-22-2013. He has reported injury to the left shoulder. The injured worker is being treated for left shoulder impingement syndrome; rule out cervical radiculopathy-double crush; and cervical-thoracic myofascial pain. Treatment to date has included medications, diagnostics, ice, activity modification, injections, home exercise program, physical therapy, and surgical intervention. Medications have included Hydrocodone, Cyclobenzaprine, Naproxen, and Tramadol. A progress report from the treating physician, dated 08-13-2015, documented an evaluation with the injured worker. The injured worker reported left shoulder pain, rated at 8 out of 10 in intensity; he is status post left shoulder surgery, 04-2015; the 10 sessions of post-operative physical therapy to the left shoulder facilitate diminished pain and improved range of motion; right shoulder pain, rated at 5 out of 10 in intensity; cervical pain, rated at 5 out of 10 in intensity; and medications include Tramadol and Hydrocodone. Objective findings included tenderness to the left and right shoulder; left shoulder range of motion is flexion at 90 degrees and abduction at 90 degrees; and there is spasm of the cervical trapezius-deltoid musculature. The treatment plan has included the request for three sessions of shockwave therapy for the left shoulder. The original utilization review, dated 09-14-2015, non-certified the request for three sessions of shockwave therapy for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Three sessions of shockwave therapy for the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Shoulder Disorders: Rotator cuff Tendinopathies; Clinical Measures, Allied Health Interventions ESWT.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute and Chronic) Chapter, under Extracorporeal Shock Wave Therapy.

Decision rationale: The patient presents with left shoulder pain. The request is for three sessions of shockwave therapy for the left shoulder. Patient is status post left shoulder surgery, 04/06/2015. Physical examination to the left shoulder on 08/13/15 revealed tenderness to palpation. Patient's treatments have included medication, injections, home exercise, activity modification, heat/ice therapy, image studies, and post-operative physical therapy to the left shoulder. Per 09/03/15 Request For Authorization form, patient's diagnosis includes left shoulder impingement. Patient's medications, per 07/21/15 progress report include Hydrocodone and Tramadol. Per 09/10/15 progress report, patient is not to return to work for a period of several months. ODG Guidelines, Shoulder (Acute and Chronic) Chapter, under Extracorporeal Shock Wave Therapy (ESWT) has the following: Recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogeneous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. (Rompe, 2001) (Haake, 2002) (Haake, 2001) (Pan, 2003) (Wang, 2003) (Cosentino, 2003) (Lowe, 1999) (Pleiner, 2004) (Moretti, 2005) Other shoulder disorders: There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. (Speed, 2002) (Blue Cross Blue Shield, 2003) In progress report dated 06/25/15, the treater is requesting shockwave to address scar tissue and decline in range of motion. The patient is status post left shoulder surgery and continues with pain in the left shoulder. Per 09/03/15 Request For Authorization form, patient's diagnosis includes left shoulder impingement. ODG Guidelines recommend shockwave therapy for calcifying tendinitis, which this patient does not present with. This request is not in accordance with guideline recommendations and therefore, is not medically necessary.